

Childhood Lead Poisoning Prevention Checklist

Name of Child: _____

Date of Birth: _____

INVESTIGATION

- Primary Address
- Supplemental Address (Current or within past 6 months)
- Consent Given
- Warrant Obtained

NOTICE

- Pre-Notice with educational information (local option)
- Required Notice with attachments (Investigation report, educational information, list of possible methods)

REMEDIATION STANDARD

- Recommended *(EBL)(REASONABLE SUSPICION)*
- Required *(confirmed EBL)*

REMEDIATION PLAN

- 14 days to submit remediation plan
- If no plan, then 5-day Remediation Order
- If no plan or no modified plan, then Final Notice to Comply within 5 days
- Plan approval
- Written letter of approval
- Disapproval of plan
- Remediation Order requiring submission of modified plan
- No response then discuss with Health Director, Regional Specialist, Attorney
- Refer to Attorney

REMEDIATION ACTIVITIES

- Complete within 60 days of approval of plan or modified plan

INCOMPLETE REMEDIATION

- Written approval extending time for 30 days based on good cause
- Extension not requested
- Remediation Order to complete activities within 10 days
- Final Notice to Comply within 5 days
- No response then discuss with Health Director, Regional Specialist, Attorney
- Refer to Attorney

FINAL DISPOSITION

- Court action taken
- Clearance

---ANNUAL MONITORING REQUIRED

---PERIODIC MONITORING OF ABANDONED PROPERTY

(rev. 10/2018)

CONFIDENTIAL MEDICAL INFORMATION

EBL

- | |
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| <ul style="list-style-type: none"><input type="checkbox"/> EBL 5-9 ug/dL<input type="checkbox"/> Confirmed -- 10 ug/dL or greater<input type="checkbox"/> Laboratory Report in Medical file |
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